

**Agency Report of:
Public Official Appointments**

A Public Document

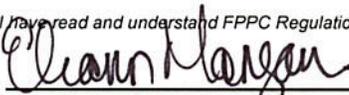
1. Agency Name City of Redondo Beach		California Form 806 For Official Use Only	
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) Eleanor Manzano, City Clerk			
Area Code/Phone Number 310.318.0656	E-mail eleanor.manzano@redondo.org	Page <u>1</u> of <u>1</u>	Date Posted: <u>07/29/2015</u> <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Los Angeles County Sanitation Districts	▶ Name <u>Aspel, Steve</u> <small>(Last, First)</small> Alternate, if any <u>Ginsburg, Jeff</u> <small>(Last, First)</small>	▶ <u>07 / 01 / 15</u> <small>Appt Date</small> ▶ <u>FY 2015-2016</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>187.50</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
Southern California Association of Governments (SCAG)	▶ Name <u>Ginsburg, Jeff</u> <small>(Last, First)</small> Alternate, if any <u>Emdee, Laura</u> <small>(Last, First)</small>	▶ <u>07 / 01 / 15</u> <small>Appt Date</small> ▶ <u>FY 2015-2016</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>120.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u> / / </u> <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u> </u> Other

3. Verification

I have read and understand FPPC Regulation 18705.5. I have verified that the appointment and information identified above is true to the best of my information and belief.


Eleanor Manzano
City Clerk
07/29/2015

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: Stipend is received only when meeting is attended. Alternates attend meetings in appointees absence.